## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P22448**

1. Entity Name

## NYLIFE INSURANCE COMPANY OF ARIZONA

Principal Place of Business

Mailing Address

MADISON AVE -- YORK NY 10010 51 MADISON AVE NEW YORK NY 10010-1603

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	·

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90064 002 \*\*\*150.00



Page 1 1 1 400 1									
. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip				_	DO NOT WRITE IN THIS SPACE				
				4. F	4. FEI Number 52-1530175			Applied For	
		Cour	Country					Not Applicable  8.75 Additional	
Zip	Country	ΖΙΡ	Coun	иу	<b>5.</b> C	ertificate of Status Desired		Fee Requir	
	6. Name and Address of Current Re	gistered Agent			7. N	ame and Address of New Re	gistered	Agent	
				Name					
TREASURER & INSURANCE COMMISSIONER			Street Address (P.O. Box Number is Not Acceptable)						
_	FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET					<u> </u>			<del></del>
	AHASSEE FL 32399-6562					<u> </u>			<del> </del>
17166	WWW.			City			Fl	Zip Co	o Code
. The above	named entity submits this statement for the	he purpose of changing i	ts registere	ed office or regi	istered age	ent, or both, in the State of Flor	ida.		
	•		_						
SIGNATURE _		· <del>-</del>							
	Signature, typed or printed name of registered agent and	title if applicable. (NC	TE: Registere	d Agent signature rec	quired when rei	nstating)	DATE		<del></del> _
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

COUIFRICHARD Levy SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

(212)576-5383